

PRINTED: 03/03/2016
FORM APPROVED

Division of Health Care Facilities

45th 4/16/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/29/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HILLVIEW HEALTH CENTER

1886 HILLVIEW DRIVE

ELIZABETHTON, TN 37843

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 901	<p>1200-8-6-.09(1) Life Safety</p> <p>(1) Any nursing home which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained, (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have fire doors inspected annually.</p> <p>The findings include:</p> <p>Record review and interview with the maintenance director on 2/29/16 at 11:00 AM revealed no annual fire door testing is being conducted and documented for all fire doors.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 2/29/16. NFPA 80 5.2* Inspections 5.2.1* Fire door assemblies shall be inspected and tested not less than annually, and a written record of the inspection shall be signed and kept for inspection by the AHJ.</p>	N 901	<ol style="list-style-type: none"> 1. A certified fire door company was contacted by the Administrator and the annual fire door inspection and test will be scheduled to meet the annual requirement by 4-29-16. A signed written record of the inspection will be kept and filed with other facility annual inspections to ensure compliance. 2. The annual fire door inspection will meet the requirements for all fire door assemblies to be inspected and tested annually. If any issues are found through the inspection then it will be corrected immediately and another fire door inspection will be scheduled to ensure compliance. 3. The fire door inspection will be scheduled annually and the results of the current inspection will be signed and filed in a binder that lists all reoccurring inspections and tests that are required. This will be reviewed by the Maintenance Supervisor and Administrator monthly to determine if still in compliance and at what point to schedule the next fire door inspection. 4. Maintenance Supervisor was in-serviced 2-29-16 on the annual fire door inspection requirement. Results of the annual fire door inspection test will be reported and discussed monthly X3 months by the Maintenance Supervisor during the Quality Assurance/Performance Improvement Committee. The Quality Assurance Performance Improvement Committee consists of the Administrator, the Director of Nursing, Staff Development Coordinator, MDS Coordinator, 	4-29-16

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6800

WJ4921

If continuation sheet 1 of 1

Joshua Cannon

Administrator

3-18-16

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Division of Health Care Facilities

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HILLVIEW HEALTH CENTER

1666 HILLVIEW DRIVE
ELIZABETHTON, TN 37643

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N 901	<p>1200-8-B-.09(1) Life Safety</p> <p>(1) Any nursing home which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have fire doors inspected annually.</p> <p>The findings include:</p> <p>Record review and interview with the maintenance director on 2/29/16 at 11:00 AM revealed no annual fire door testing is being conducted and documented for all fire doors.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 2/29/16. NFPA 80 5.2* Inspections 5.2.1* Fire door assemblies shall be inspected and tested not less than annually, and a written record of the inspection shall be signed and kept for inspection by the AHJ.</p>	N 901	<p>Admission Coordinator, Rehabilitation Manager, Medical Director, Environmental Services Director, Maintenance Director, Dietary Manager, and the Activities Director.</p>	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DATE FORM

0500

WJ4921

If continuation sheet 1 of 1